REGISTRAR'S OFFICE



3315 University Drive Bismarck, North Dakota 58504 Phone: 701.221.1850 Fax: 701.530.0636 | registrar@uttc.edu

 $Name\ Change\ Request$ Students (Current & Former): Forward completed form and appropriate documentation to the UTTC Registrar's Office.

I hereby request that my name be changed on all permanent college records.

PLEASE PRINT

Former Name:	New Name:
Last Name:	Last Name:
First:	First:
Middle:	Middle:
Generation (Jr, III, etc.):	Generation (Jr, III, etc.):
Contact information (phone or email):	
Student ID or Social Security Number:	Birth date: / / / MONTH DATE YEAR
Handwritten Signature (new name):	Date:
	ocuments listed below must be presented in person or copies process a name change. The submitted document must
DOCUMENTATION: (Must support new name)	
 ☐ Military or State Issued Identification ☐ Official Marriage Certificate (Not bride the signer of th	de or groom copy) Government Issued Passport (Must be signed) Citizenship/Naturalization Certificate Court Issued Adoption Papers Court Issued Divorce Decree
REGISTRAR OFFICE USE ONLY:	☐ Former
Processed By Date P	☐ Off;=;= Ctd==t
☐ In person ☐ Email ☐ US Mail ☐ Campus ☐ Mail ☐	□ Fax

REVISED 06-2019 JJH-ACADEMIC AFFAIRS